

UNITED STATES DISTRICT COURT
for the
Eastern District of Michigan

W.A. Foote Memorial Hospital,

Plaintiff,

v.

Case No. 2:22-cv-11981-DML-DRG

Hon. David M. Lawson

Corizon Health, Inc.,

Defendant.

SUMMONS IN A CIVIL ACTION

To: Corizon Health, Inc.

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) - or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) - you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

David G. Dragich
17000 Kercheval
Suite 210
Grosse Pointe, MI
48230

If you fail to respond, judgment by default may be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

KINIKIA D. ESSIX, CLERK OF COURT

By: s/ D. Peruski
Signature of Clerk or Deputy Clerk

Date of Issuance: August 24, 2022



PROOF OF SERVICE*(This section should not be filed with the Court unless required by Fed. R. Civ. P. 4(1))*

Case No. 2:22-cv-11981-DML-DRG

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____ a person of suitable age and discretion who resides there,
 on *(date)* _____ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____ , who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other: *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under the penalty of perjury that this information is true.

Date: _____

Server's Signature

Printed Name and Title

Server's address

Additional information regarding attempted service, etc.: